AIDS LAW PROJECT
SUBMISSION ON THE NURSING BILL [B26–2005]

10 OCTOBER 2005

INTRODUCTION

The AIDS Law Project ("the ALP") welcomes, in principle, the move by the Department of Health ("the DOH") to repeal the Nursing Act 50 of 1978. The memorandum on the objects of the Nursing Bill ("the Bill") states that its primary purpose is to "transform the Nursing Council so as to increase the protection of the interests of the public" as well as to increase the accountability of the Nursing Council ("the SANC"). In addition, and as mandated by the Constitution, the memorandum states that a further objective is to increase access to health care services "in that the services will be provided in the spirit of protecting the health user's right to dignity". We support these objectives.

Unfortunately, the Bill does not do all that the memorandum claims it does. Instead of being accountable to the public, the SANC seems to be accountable to the Minister alone. We submit that, instead of making full use of the bodies set up by the National Health Act, 2003 ("the NHA"), the Bill creates direct lines of ministerial control. In order for the Bill to safeguard the public interest and ensure accountability of the SANC the SANC should have the power to carry out the broad policy objectives of the DOH. In order for the SANC to be truly accountable it should bear the responsibility of advising the Minister on key issues affecting the nursing profession, and the impact of these on the right of access to health care services. The Minister should therefore act in consultation with the SANC, and where appropriate on the recommendation of the SANC.

Further, the Bill deals with the SANC in a vacuum – that is, without due regard to the broader national legislative and policy framework, and without regard to the crisis of human resources in the health sector.

Finally, apart from being dislocated in this manner, the Bill contains provisions that directly undermine policies that seek to improve human resource capacity. The section below on 'Critical issues raised by the Bill' refers to specific provisions that have this effect.

This submission therefore addresses the following broad areas:

- The context of the challenges of human resources that face the health sector
- Critical issues raised by the Bill
    - Key omissions in the Bill
    - Provisions that affect human resources capacity
- The specific provisions of the Bill, under the following categories:
    - Introductory provisions
    - The South African Nursing Council
    - The regulation of the profession by the SANC

THE CONTEXT

This submission is intended to link the current proposed amendments to the stated objects as expressed in the Memorandum to the Bill, and to the national legislation and policy that affects the SANC.

Access to health care services is not guaranteed to most health care users partly as a result of the human resources crisis in the health sector. There is no need to provide the details of the crisis in this submission. The DOH is well aware of the challenges and threat to the health system as a result of this crisis. The Strategic Framework for the Human Resources for Health Plan ("the Strategic Framework for HRH") identifies the multiple challenges of human resources including: shortages of health care workers, the maldistribution of health care workers and the need to address scopes of practice to allow more appropriately for nurse-based care. In addition the nursing profession continues to lose professionals to more attractive jobs in the private sector and abroad.

In spite of this we have a health system that promotes primary health care that aims to be nurse-driven. The health system is also faced with an HIV/AIDS epidemic that that continues to grow and strains current capacity within the health system. The *Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa* also places demands on already strained human resources.

In recognition of some of these challenges, the DOH has embarked on a course of developing a Human Resources for Health Plan. Further, the NHA devotes a chapter to the issue of human resources development and planning.[1] In our view the provisions of the Nursing Bill should be clearly located in this context. The

[1] Chapter 7 of the National Health Act, 2003.

SANC should be a key partner in addressing the human resources challenges in the nursing profession. [2]

CRITICAL ISSUES RAISED BY THE BILL

Key Omissions

1) In its current draft the Bill does not expressly recognize that human resources, and particularly those in the nursing profession, are inadequate in terms of numbers, distribution and skills-mix to deliver quality health care services to all those who need them. While a statute needs to be long-term in its vision, it should also address the short to medium terms needs of the profession and the health sector as a whole. The SANC is integral to addressing these needs.

2) Specifically the Bill does not appear to be cognizant of key policy measures that are referred to in the Strategic Framework for HRH which will require input from the SANC. For example:

- whether (and how) a category of 'clinical nurse practitioners' is to be materially and/or professionally recognized[3],
- the potential impact of an increased use of mid-level workers at primary level (such as the impact on the skills requirements and workloads of other professionals, and supervision requirements)[4],
- the role of the SANC in regulating education and training in the private sector[5]
- and the importance of determining and revising scopes of practice for current categories of nursing professionals as well as new categories.[6]

3) There also gaps between the Bill and provisions of the NHA. For example:

- there is no mention of the SANC's participation in the Forum of Statutory Health Professional Councils (" the FSHPC") and the obligations it bears thereunder[7],
- the Bill does not provide for the accountability of the SANC to the FSHPC[8]
- In addition, nowhere in the Bill is there a potential role for the newly established National Health Council ("the NHC"), which is required in terms of section 23(1)(iv) of the NHA to advise the Minister on 'human resources planning, production, management and development', as well as the performance of 'any other function of the Minister'.[9]

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[2] The ALP and the Treatment Action Campaign jointly submitted comments on this document on 14 September 2005. A copy of this submission is attached hereto.
[3] Strategic Framework, page 26.
[4] Strategic Framework, page 27.
[5] Strategic Framework, page 33 and 37.
[6] Strategic Framework, Guiding Principle 4.
[7] NHA, section 50.
[8] NHA, section 50(4)(k).
[9] NHA, section 23(1)(h).

4) The Bill does not provide adequately for the financing of the SANC (see comments below regarding section 21). In order for the SANC to operate effectively, efficiently and independently, it needs adequate resources. The functions that the SANC are able to perform should not be circumscribed by the availability of resources. The budget should be based on the work that the SANC is obliged to carry out.

Provisions that affect human resources capacity

There are two ways in which the Bill does not appropriately deal with nursing capacity. Firstly, it fails to recognize the urgency of such issues as the shortage of nurses and that of revising scope of practice. Second, it contains provisions that undermine national policy objectives, for example:

- The requirement (in section 31) that nurses who wish to apply for registration to practice should provide proof of citizenship. As stated below, this presumably does not mean South African citizenship, since foreigners are entitled to practice as nurses in South Africa. However, without proof of citizenship, permanent residence or a work permit, a registered nurse would not be able to work in the country. It is therefore unnecessary for the Bill to require this.[10]

- Section 44 allows for the removal of a nurse from the register if he or she has been out of the country for a continuous period of more than three years. This provision further entrenches the problem of the shortage of nurses. Nurses who return from abroad should be able to return to their profession in South Africa, if they still meet other criteria for registration, without unnecessary delay.

- Section 44 also allows for the removal of a name from the register in cases where the nurse has failed to comply with technical requirements of registration – such as notification of change of address. There is no allowance for putting the person on terms to comply, failing which the name will then be removed. In the process, scarce skills may be lost to the health sector.

- The question of scope of practice has been raised by many stake holders in the health sector including the DOH. It is an urgent issue which requires strategic input from the SANC and other parties. The Bill however is unclear as to the process of revising scope of practice. Sections 4, 30 and 58, as discussed below, confuse the question of who actually bears the duty to make determinations on this issue, and the procedure to be followed in doing so.

[10] We propose that the DOH engages with the Department of Home Affairs regarding a means for expediting work permits to enable the speedy recruitment of foreign nurses, where necessary.

- Like the issue of scope of practice, the question of new categories of nurses is an integral aspect of aligning human resources capacity with health needs in the country. Yet section 31 allows the Minister, merely by giving notice in the Government Gazette, to create new categories of nursing practitioners. Instead, the Bill should require the SANC to consider the question, as a matter of urgency, and in consultation with other parties (including the FSHPC). The Minister should then act on the recommendation of the SANC.

COMMENTS ON SPECIFIC PROVISIONS

Introductory provisions

The preamble

The Bill does not contain a proper preamble that reflects the purposes stated in the memorandum that is appended to the Bill. A preamble that states the broad purpose of the Bill, the constitutional obligation in terms of section 27 of the Constitution and which recognizes the need to address the challenges of human resources in the health sector is necessary.

The memorandum states that the Bill seeks to promote access to health care services 'in that the services will be provided in the spirit of protecting the health care user's right to dignity.' While this is an important objective that should be stated in the preamble, there is more that the Bill should do in order to increase access to health care services, not least of which is ensuring a sustainable and effective health workforce. The role of the SANC in achieving this end is important and should be stated in the preamble.

Objectives of the Bill

The ALP supports these objectives and is of the opinion that they should be incorporated into the Bill itself.

Definitions

The definition of "unprofessional conduct" is circular and hence makes no sense in its current form.

The South African Nursing Council (SANC)

Section 3 – Objects of the Council

Section 3(b) speaks about performing functions "in accordance with national health policy as determined by the Minister". While section 3(1)(c) of the NHA indeed gives the Minister the power to determine national health policy, it does so in a particular way – on the recommendation of the NHC. The Bill seems to suggest that the Minister acts alone. The reference to the Minister should therefore be removed so that the SANC simply is tasked with performing its functions in accordance with national health policy.

Section 3(g) once again makes a reference to a direct SANC/Minister relationship, this time in relation to the SANC's role in advising on possible amendments to and adaptations of the Act. It seems more appropriate that the advice be given to the NHC, which then advises the Minister.

Section 4 – Functions of the council

Subsection (1)(a): section 3(b) makes reference to national health policy "as determined by the Minister". This reference should be removed, as such policy is determined by the Minister on the advice of the NHC.

Subsection (1)(f): the list of constitutional rights is too limited, especially the absence of a reference to the right to have access to health care services. Perhaps a reference to the rights of users as set out in chapter 2 of the NHA would be more appropriate.

Subsection (1) (h): If the Council receives a complaint regarding an institution, it should have a statutory duty to investigate the complaint and take appropriate action, in line with the judgment in *VRM v Health Professions Council of South Africa*[11] (see the discussion relating to Sections 46 and 47 below).

Subsection (1)(l), especially (ii) – (iv), gives the SANC great powers to regulate the nursing profession, but does not provide any guidance on the exercise of such powers. This seems to violate the principles set out in *Dawood v Minister of Home Affairs; Shalabi v Minister of Home Affairs; Thomas v Minister of Home Affairs*.[12] In that case the Constitutional Court held that where legislation confers discretionary powers on officials, that it provides guidance as to how those powers are to be exercised. The Court stated that "[t]he legislature must take care when legislation is drafted to limit the risk of an unconstitutional exercise of the discretionary powers it confers."[13]

In respect of this provision, there should be guidance a) with regard to the basis upon which such determinations are made, and b) with regard to the procedure that will govern those powers.

Subsection (1)(p) : the ALP welcomes the requirement that the SANC provides a strategic plan of how it intends achieving its objectives. However, this plan should be given to the NHC and not the Minister alone. It should also be given to Parliament, to which the SANC should be primarily accountable.

Subsection (2)(h) : As already mentioned, the power to investigate complaints against any health establishment in respect of its nursing service should not be discretionary, but mandatory. It is therefore proposed that a minimum level of investigation must follow the lodging of every complaint. Only those with merits

[11] TPD 1679/2002, 10 October 2003, reported at [2003] JOL 11944 [T].
[12] 2000 (3) SA 936 (CC) at para 48.
[13] Ibid at para 48.

need follow-up and a full inquiry. The effect of the current provision seemingly allows the SANC the option to ignore some complaints (as is the case when a power is merely discretionary), even though this would be a violation of administrative justice and the Constitution. This is unacceptable and contrary to the general objectives of the SANC as stated in section 3.

Section 5 – Composition and dissolution of Council

Section 5(1)(b) makes no reference to union representation. This seems to be expressly excluded by virtue of section 6(*i*)(ii). Organised labour should be represented on the SANC, with its representatives being chosen by the unions and not the Minister.

Subsection (7)(a) allows for the Minister to dissolve the SANC if it fails to comply with any provisions of the Act. This is overly broad and does not include any formal process for this to take place. The Bill should stipulate that the breach must be a material breach and further, that the SANC should be given the opportunity to act (to rectify the omission) before any steps are taken to dissolve the SANC.

Subsection (8) states that the Minister may request certain documents, at any time, from the SANC in order to ascertain its compliance with the Act. It is our submission that given that the SANC is a statutory body acting in the public interest, that all records and documents should be publicly available, therefore dispensing with the need for the Minister to request such documents.

Section 6 – Disqualification from membership

Subsection (c) requires members of the SANC to be South African citizens. Since the incumbent is not holding high political office, there is no reason why citizenship should be a requirement for membership. At minimum, a permanent resident who has shown a commitment to working in the profession in South Africa should be able to serve as a member.

Subsection (d) – not all mental illnesses should serve as a bar to SANC membership, nor should one being a "mental health care user" (as defined in section 1 of the Mental Health Care Act, 17 of 2002). That Act defines a "mental health care user" as including "a person receiving care, treatment and rehabilitation services or using a health service at a health establishment aimed at enhancing the mental health status of a user, State patient and mentally ill prisoner". The Act defines "mental health status" as "the level of mental well being" of an individual as affected by physical, social and psychological factors and which may result in a psychiatric diagnosis".

This is a striking difference from the Health Professions Act, 1974, which requires a member of the Health Professions Council to vacate her office if she becomes

a “patient” as defined by section 1 of the Mental Health Act, 1973.[14] In terms of that Act “patient” is defined as “a person mentally ill to such a degree that it is necessary that he be detained, supervised, controlled and treated, and includes a person who is suspected of being or is alleged to be mentally ill to such a degree”.

This definition is not contained in the 2002 Act. It is clear however, that the intention is to limit the disqualification from membership to a narrow class of mental health care users. The subsection therefore needs to be amended to limit the class of mental health care user rather than refer to the entire definition as it presently does. It is recommended that the subsection should read, as does section 50(1)(c)(iii) of the NHA, as follows:

> “he or she becomes mentally ill to such a degree that it is necessary that he or she be detained, supervised or controlled.”

Section 6(*i*)(ii) bars membership to office-bearers and employees (including those who were such in the preceding year) “of any party, organisation or body of a political nature”. The breadth of this section means that union representatives as well as representatives of key civil society organisations (such as the Treatment Action Campaign) will be excluded. This subsection will be bar to proper community representation as required by section 5(1)(a)(vii)

Section 8 – Termination of membership

The section sets out no process for the termination of membership. While the Minister is obviously bound by the provisions of the Promotion of Administrative Justice Act, 2000 and the Constitution, the section should set out the process in terms of which she can terminate membership.

Further, subsection (d) is overly broad and coercive. It may be used against any member of the SANC who speaks out against the SANC and is therefore likely to ensure compliance with orders. At minimum, the section needs to spell out what is meant by bringing the SANC into disrepute. It should also allow for some form of protected disclosures (whistle blowing).

Section 10 - Chairperson and vice-chairperson of Council

Subsections (5) and (6) deal with the situation where the office of chairperson and vice-chairperson, respectively, become vacant. With regard to the vacancy of the office of the chairperson, the Minister may appoint from the remaining members, at his or her discretion, a new chairperson. As regards the vice-chairperson vacancy however, the members of the SANC may elect a new vice chairperson from amongst themselves. It is not clear to us why there needs to be a difference in the manner of appointment of the two office-bearers. The

[14] Section 6(1)(f). It appears that the section has not been amended in accordance with the Mental Health Care Act, 2002.

remaining members of the SANC should elect a chairperson as they would the vice-chairperson.

Section 11 – Duties of the chairperson

Subsection (c) requires the chairperson to liaise with or advise the Minister on issues relating to the SANC. It should be required that the chairperson performs this function with respect to the NHC, and not the Minister alone. This is especially so given the obligation of the NHC to advise the Minister on such issues as human resources planning, production, management and development.[15]

Further, in terms of section 50 of the NHA, the SANC is to be represented in the FSHPC. In terms of this Act, the chairperson of the SANC, as a member of the FSHPC, has a list of joint obligations contained in section 50(4) of the NHA. Section 11 should make reference to these obligations.

Section 18 – Appointment of Registrar and staff

The duty of appointing the Registrar should lie with the SANC itself rather than the Minister. In order for the SANC to be truly accountable it needs to be given the responsibility to run its own affairs. The function of monitoring the SANC is provided for in the NHA. In terms of section 50(4)(k) the FSHPC bears the duty to "hold the statutory health professional councils explicitly to account for their performance as competent public authorities".

Section 21 – Funding of expenditure

As stated earlier in this submission, the provision that deals with the financing of the SANC is inadequate. According to the Bill the budget of the SANC is based on fees (such as registration fees) and funds that are received by the SANC only. In order for the SANC to function effectively, the budget should be based on the work that the SANC is obliged to carry out. The financing may come from fees and other 'funds' that section 20(1)(a) refers to, but should not be limited to that. Any shortfall should be funded by national government. In this respect, we refer to the Medical Schemes Act, 1998, and propose that the funding model for the Council for Medical Schemes should be followed in this Bill.[16] There is no reason why a statutory body that regulates private medical schemes should be better funded that the SANC.

Section 29 – Corporate governance

The Registrar is required to submit an annual report to the SANC. However there is no provision that requires the SANC to submit an annual report to Parliament, the FSHPC or the Minister. Likewise, there is no requirement for scrutiny of the financial statements and independent auditor's report except by the SANC. These documents should also be submitted, at least, to the FSHPC.

[15] Section 23 of the NHA, 2003.
[16] Section 12 of the Medical Schemes Act 131 of 1998.

Section 30 – Scope of profession and practice

The question of scope practice has been raised by many stakeholders in the health sector (including the DOH) with regard to health systems strengthening and human resources planning. However, the Bill is not clear on the process of determining new scopes of practice.

There is an apparent conflict between section 30(5), section 4(l)(i) and section 58(1)(q). Section 4 mandates the SANC to determine the scope of practice of nurses. Yet section 30(5) and 58(1)q) provide that the Minister may prescribe the scope of practice, and 'after consultation' with the SANC make regulations to that effect.

The responsibility to determine the scope of practice should rest squarely (as section 4 suggests) with the SANC (together with the FSHPC). The Minister should then make regulations 'on the recommendation of' the SANC, as is the case with the Health Professions Act, 1974, which requires the Minister to make regulations dealing with scope of a health profession on the recommendation of the HPC.[17] There is no reason why this should be any different in the nursing profession.

The Bill also needs to set out the process in terms of which the SANC determines the scope of practice. This process should include a public call for the participation of stakeholders. In this way the input of such stakeholders is reflected in the draft before the Minister publishes them for comment as Regulations. The general public will still have a 3 month period within which to comment on the Regulations.

Subsection 30(2) should also apply to accoucheurs (male midwives).

Section 31 – Registration as prerequisite to practice

Section 31(2) allows for the Minister, by mere notice in the *Government Gazette*, to create new categories of nursing practitioners if deemed necessary in the public interest. The Bill provides no guidance for the exercise of this discretion, nor does it require any form of consultation with the SANC or stakeholders such as healthcare unions. The Bill should require the SANC to recommend (after an open and inclusive consultation with stakeholders) new categories of nurses to the Minister and the NHC.

Section 31(5) requires that applicants for registration to practice nursing in at least one of the categories listed in subsection (1) must, amongst other things, submit proof of citizenship. Presumably this does not mean proof of South African citizenship, as citizenship is not a requirement to work in the country. But it is nevertheless worrying that this is necessary. Proof of identity should be sufficient. Without SA citizenship, permanent residence or a work permit, a registered nurse will not be able to work in the country.

[17] Section 33 (1).

Regulation of the nursing profession by the SANC

Section 32 – Registration of learners

Subsection (5) mandates health establishments to refuse access "to clinical facilities for training purposes to anyone who is not registered as a learner nurse". Presumably this is intended to ensure that all those being trained as nurses in health establishments are registered as learner nurses. This is a reasonable requirement. The problem, however, is that subsection (5) goes beyond this – limiting access to all "clinical facilities for training purposes", and not just nursing training. This is an unreasonable limitation of access to the facilities for other forms of training, for example, the training of counselors.

Section 40 – Community service

Subsection (3) should require the Minister to make these Regulations 'on the recommendation of' or 'in consultation with' the SANC.

Section 41 – Regulation of research

This section is lacking in detail. The section should make direct reference to the provisions of the NHA on research and to chapter 3 of the Bill dealing with unprofessional conduct.

Section 42 – Education and training

Subsection (2) does not explain on what basis an application to conduct nursing training or education may be refused, nor does it give the SANC any guidance regarding the exercise of this strong discretionary power. While the provisions of the Promotion of Administrative Justice Act clearly bind the SANC, it would make for better governance if the Bill itself sets out the basis for refusing any application and/or the criteria against which applications will be measured. The rule of law requires that applicants have some degree of certainty as to what types of applications will be successful.

Section 44 – Removal from and restoration of name to register

Subsection (1)(c) allows for the removal of a name from the nursing register of someone who has been out of the country for a continuous period of more than three years. This is a very inappropriate provision given the shortages of health care workers in South Africa. Nurses who have left to reside abroad temporarily should be able to return to their profession in South Africa if they still meet other criteria for registration.

Subsection (3) is similarly problematic. It relies on a simple notice of removal of a name (in terms of subsection (2)) for regarding any registration certificates as cancelled and thereby prohibiting practicing as a nurse. In the context of health worker shortages, there should be some process in terms of which the seriousness of the reason for the notice is evaluated to determine if immediate cancellation is required, or if the person can rather be put on terms to comply

failing which registration will be cancelled. Under the current draft, failing to notify the Registrar of a change of address, or failing to pay the prescribed fee will result in deregistration. Subsection (4), which allows for the restoration of a name, is not sufficient. It will take time and in the interim, scarce skills are lost to the health sector.

Section 46 – Inquiry by Council into charges of unprofessional conduct

The SANC should not have discretion to institute an inquiry into allegations of unprofessional conduct – it should be mandatory to conduct an inquiry on receipt of a complaint. If there is *prima facie* evidence of unprofessional conduct, or if there is a dispute of fact that cannot be resolved without recourse to oral evidence, then the matter must be referred to a full disciplinary hearing. While it may have discretion to determine if something should be dismissed, or should proceed to a full inquiry, it should not be entitled to take no steps whatsoever. In the matter of *VRM v the Health Professions Council of South Africa and Others*, the court ruled that the HPCSA's Committee of Preliminary Inquiry could not adjudicate on matters involving disputes of fact, and it would appear that any attempt by a similar organ of the SANC to do the same could give rise to a similar challenge.

Section 47 – Procedure of inquiry by Council

Subsection (3) raises exactly the same concerns as section 46 above. The Council should have a statutory duty to investigate all complaints referred to it, and matters should be referred for a full professional conduct inquiry if there is *prima facie* evidence of misconduct or if there is a dispute of fact which cannot be adjudicated by a committee of preliminary investigation. If the legislation contains a provision that allows a prescribed fine for "minor offences", the definition of a minor offence must be clearly set out in regulations, taking into account the complainant's right to just administrative action.

Section 53 – Penalties

Subsection (2)(d) allows for exemption from criminal sanctions for misrepresentation of capacity to practice nursing for "any other class or classes or persons determined by the Council." The Bill provides no criteria according to which the SANC may make such a determination. Again, the Bill attempts to confer an unfettered discretion on the SANC. The criteria or basis for excluding a class of persons from criminal sanction should be determined by Parliament, and not the SANC.

Section 57 – Appeals against decisions of Council

There should be a further appeal to the High Court particularly given that the appeal committee is not an expert panel. There is no reason to refuse this right to nurses when such a right exists for doctors.[18] The Bill should contain a separate section related to appeals, which entitles a person aggrieved by the

[18] Section 20, Health Professions Act, 1974.

decision of the SANC, a professional board or disciplinary committee to give notice of appeal to the High Court within one month of the date of the decision of the relevant body.

Section 58 – Regulations

Section 58(1) requires the Minister to make Regulations "after consultation with" the SANC. This limits the responsibility and power of the SANC. We submit that the Minister should make Regulations, which are of direct relevance to the functions of the SANC, "on the recommendation of" the SANC.

Subsection (2): While the Minister may be responsible for promulgating regulations in this regard, once again to be determined in consultation with the SANC or on its recommendation, the SANC should be directly accountable to Parliament and the FSHPC. This subsection effectively undermines the functioning of an independent statutory council and renders it particularly vulnerable to executive control.

CONCLUSION

The primary objective of the Bill should be to strengthen the SANC in order to protect the public interest, to ensure efficient regulation of the profession and to ensure that the SANC provides guidance to the Minister, the NHC and the FSHPC as to the various challenges that face the nursing profession and therefore the health system as a whole. However, a number of provisions fall short of this. The effect of some provisions (for example sections 8, 30 and 31) is to limit the ability of the SANC to discharge its statutory functions in a manner that is transparent and accountable.

Further, there are provisions, such as section 44, that undermine national policy related to human resources planning and development. As stated at the beginning of this submission, the Bill should be located within the context of national policy and national legislation that is aimed at addressing the human resources crisis and strengthening the health service.

We trust that our submissions will be accepted in the spirit in which they have been advanced. This is, to give full effect to the objectives of the Bill (as set out in the Memorandum) and the constitutional guarantee of access to health care services, as well as to ensure that the Bill complements and strengthens the statutory framework provided by the NHA.

Contact details:
Adila Hassim
AIDS Law Project
(011) 717-8635 (t)
(011) 403-2341 (f)
hassima@law.wits.ac.za